

**King County Board of Health  
Secure Medicine Return Subcommittee**

**February 21, 2013**

**Scheduled for 11:00 AM – 1:00 PM**

**Convened at 11:07 am; adjourned at 11:45 am**

**Location: Chinook Building, 401 Fifth Avenue, Seattle, Rooms 1311-1312, 13<sup>th</sup> Floor**

**Sub Committee Members: Chair Joe McDermott, Board of Health members Mayor David Baker, CM Richard Conlin, and Public Health Director Dr. David Fleming**

Staff: Heidi Albritton, Doreen Booth, Anne Burkland, Amy Eiden, Robin Fox, Jennifer Muhm, Margaret Shield, Erik Sund, Roman Welyczko, Wendy Soohoo

Attendees: Scott Sigmon, Consumer Health Products Association; Tom Boyer, Novo Nordisk; Derek Franklin, WA Assoc. for Substance Abuse & Violence Prevention; Inga Manskopf, Seattle Children's and King County Take Back Your Meds Coalition; Suellen Mele, Zero Waste Washington; Helen St John, League of Women Voters; Cliff Webster, PhRMA; Patti Tenney, WBBA; Shirely Reitz, Group Health; Chelsea Crucitti, CHPA.

<b>Time</b>	<b>Agenda Item</b>
11:07	Welcome and introductions – Chair McDermott
11:05	Feb 1, 2013 Meeting Minutes approved without change.
11:10	<p>Chair McDermott welcomed participants and explained that the format of the meeting would be to take testimony from all who wish to speak. Chair McDermott asked Subcommittee members to hold questions until end of each individual's testimony, and there would be time for further discussion after all had provided testimony.</p> <p>Chair McDermott called on stakeholders for testimony in the order they had signed in on the roster.</p> <ul style="list-style-type: none"><li>- Scott Sigmon, Consumer Healthcare Product Association: no comments at this time.</li><li>- Tom Boyer – no comments at this time.</li><li>- Derek Franklin, WA Assoc. for Substance Abuse and Violence Prevention<ul style="list-style-type: none"><li>o Called out the Association's support of the definition of covered drugs which includes both over-the-counter and</li></ul></li></ul>

prescription drugs. He sees risks and impacts associated with abuse of both types of medicines.

- Inga Manskopf, Seattle Children's, Adolescent Medicine & King County Take Back Your Meds Coalition
  - o Supportive of the producer-funded take-back program and of the decisions made about promotional materials. Stated many entities already have great promotional materials that would be effective – they just need to be more widely available.
  - o Also expressed support for the proposed requirements for evaluating the effectiveness of the educational and promotional materials.
  - o Praised the leadership of LHWMP in this area and backed LHWMP developing guidance for drop box instructions, templates for education, and targeted education.
- Suellen Mele, Zero Waste Washington
  - o "Enthusiastically endorsed" direction of the regulation and stated support for product stewardship approach for sustainable funding. Expressed desire to see a program as good as the one that drug producers provide in B.C.
  - o Praised convenience standard set by the by subcommittee and the subcommittee's commitment to voluntary participation. Explained DEA proposed rule allows pharmacies to take-back controlleds as well. Thought this was great idea for pharmacy take-back. And agreed with voluntary participation by pharmacies and law enforcement.
  - o Asked that the subcommittee revisit its direction in regard to final disposal. Stated Zero Waste Washington's support for hazardous waste disposal of collected medicines. Understood that use of Waste-to-Energy incinerators is legal, but stated that solid waste incinerators won't provide the same level of human health and safety. Explained that if the same mix of medicines were collected from a hospital, the medicines would have to go to hazardous waste facility under federal RCRA law. Stated that hazardous waste incinerators meet higher regulatory standard than solid waste incinerators. Referenced EPA recommendation

	<p>preferring hazardous waste facilities. Requested, at the minimum, that the Rule &amp; Regulation include a preference for use of hazardous waste facilities. Referred to staff recommendation for potential wording.</p> <ul style="list-style-type: none"> <li>○ In follow-up conversation, explained that businesses with similar substances would be required to use a hazardous waste facility. Boardmember Conlin stated it seemed reasonable to him to state a preference in the Rule and Regulation but wondered what that would actually mean as the rule was implemented. Boardmember Baker expressed concern about limiting options. Shirley Reitz from Group Health didn't express opposition to this idea but explained that a change in final disposal requirements would require a change in their transit method and that it would be more costly. Group Health currently uses Spokane waste to energy for disposal.</li> <li>○ At the request of the Chair, Mele clarified locations of incinerators. Mele acknowledged different interests are involved, including transportation. Stated businesses need to ship pharmaceuticals to hazardous waste incinerators, and this is not uncommon, and is required by regulations.</li> </ul> <ul style="list-style-type: none"> <li>- Helen St. John. League of Women Voters – no comment.</li> <li>- Cliff Webster, PhRMA <ul style="list-style-type: none"> <li>○ PhRMA's involvement on this issue goes back to July, and it has concerns with the proposal.</li> <li>○ Stated that unused meds are an insignificant part of drug abuse and poisonings. Directed subcommittee to references in his written testimony that says illegal prescribing, doctor shopping, and other issues are major source of the drug diversion problem. FDA says some medications should be put into trash. Guidelines also say some drugs should not be put into the trash -- people should follow those guidelines.</li> <li>○ Stated in-home trash disposal is the most efficient and effective means of disposal. With trash being picked up weekly, there is less of a chance for theft. Explained this model is better because it does not require people to</li> </ul> </li> </ul>
--	---

transport medicines around in their cars and hold onto them creating opportunities for diversion.

- Stated that PhRMA doesn't object to voluntary take-back programs.
- PhRMA feels that if such a take-back program is created, it should be funded by the people who will benefit from it.
- In a follow-up conversation:
  - Webster stated PhRMA was concerned about the diversion of collected controlled substances under the DEA's proposed rule regarding pharmacy take-back.
  - Cited bills in the state legislature regarding thefts from pharmacies and said he had seen cases around the state where pharmacy employees had diverted medicines. Also lodged his concern about returning controlled substances to pharmacies because of their dangerous nature.
  - Said the most important thing is to make it easy and convenient for consumers to do the right thing.
  - Stated that PhRMA hasn't yet finished its final position on the DEA's proposed rule.
  - In response to Dr. Fleming asking if there were any specific elements of the decisions made by the subcommittee that caused concern, Webster expressed concern for companies and consumers outside of King County having to bear the cost of a program that only benefits King County residents.
    - Suggested a better model could be a general tax or use fee. Also explained that the proposal involves products not made by PhRMA.
    - Expressed the importance of tracking if a program is not successful. Does not believe the B.C. program has been very successful.

	<ul style="list-style-type: none"> <li>• Restated that it is important to have easy convenient ways for consumers to do right thing.</li> <li>○ Chair McDermott asked Webster to take back question to PhRMA on issues that would cause them to less strongly oppose the proposal.</li> </ul> <p>- Shirely Reitz, Group Health</p> <ul style="list-style-type: none"> <li>○ Explained part of the success of the Group Health take-back program, at 25 clinics, is that it's convenient for clients. Explained that during the past 6 years the take-back program has collected 86,000 pounds of unused medicines.</li> <li>○ Stated that Group Health has been willing to continue the program because it is an important step toward keeping the community safe. Reitz said that as a pharmacist she understands the complexity of medicines people are using and that patients do ask about how to dispose of their unused drugs properly.</li> <li>○ Stated, in response to Mr. Webster's concerns about safety, Group Health hasn't ever had a theft incident.</li> <li>○ Encouraged the subcommittee to move forward, and expressed belief that other pharmacies will want to participate. Stated that if there is sustainable funding, more pharmacies will offer take-back programs.</li> <li>○ In follow-up conversation, Dr. Fleming asked Reitz if any of the policies the Subcommittee is considering would be challenging to implement. Reitz commented on the the exemptions of vitamins, herbals, etc. Asked the subcommittee if the exemption was about who covers the cost or not collecting the specific substances. Stated many of these products are returned to Group Health's take-back program.</li> </ul> <p>- Lisa Hart, RN, member of King County Take Back Your Meds Coalition</p> <ul style="list-style-type: none"> <li>○ Stated that a product stewardship program will ensure a sustainable program for King County residents that will be part of a comprehensive strategy to reduce medicine</li> </ul>
--	--

	<p>abuse.</p> <ul style="list-style-type: none"> <li>○ Asked that the subcommittee members keep the unique needs of rural, unincorporated King County residents in mind. Specifically called out the needs of cancer patients who are being treated at home, especially in the last days of their lives. Explained oftentimes there are huge volumes of left-over medicines when people pass that have to be dealt with by family. Suggested these families would benefit from alternative take-back programs, like mail-back options.</li> <li>○ Stated that she believes a service equity policy is needed.</li> </ul>
~11:45 am?	<p>Meeting Adjourned</p> <p>Next meeting: March 14, 2013, 2-4PM, Chinook Bldg. Room 1312</p>